

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

491142

APPLICANT(S)

FILING DATE

1-26-00

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IN.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL	2					
TOTAL	19					
TOTAL	21					

	INO.	DEP.	INO.	EP.	INO.	DEP.
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